



WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633
(360) 705-5100
<http://www.wa.gov/wsp/wsphome.htm>

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH **\$10 MONEY ORDER, COMMERCIAL BUSINESS ACCOUNT CHECK or CASHIER CHECK**, PAYABLE TO THE WASHINGTON STATE PATROL.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Subject may be advised of inquiry.

A

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Drivers Lic. Number/State _____ / _____

WSP USE ONLY

B

REQUESTER INFORMATION: (Please type or print clearly)

DATE: _____ / _____ / _____
Mo. Day Yr. (print) Name/Title of Requester

PHONE NO. () _____
Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Right Thumb Print (optional)

Requesting Agency

Name

Address

City State ZIP Code